

State of Indiana

County of _____
In the _____ Court

_____)	
)	
_____)	
Plaintiff)	
)	
vs.)	Case No. _____
)	
_____)	
)	
_____)	
Defendant)	

**(Insert name and specify Plaintiff or Defendant)'S MOTION
TO DISMISS CASE AGAINST LESS THAN ALL PARTIES**

Comes now (*Plaintiff, insert name or Defendant, insert name*) and requests that the court dismiss this case against the following parties, (*insert names of parties for whom dismissal is sought*).

WHEREFORE, *Plaintiff (name) or Defendant (name)* asks the Court to dismiss this case against the following parties, (*insert names of parties*), and for all other proper relief.

Date _____

Signature of Attorney

(Printed/Typed Name)

Attorney Number

Address

Certificate of Service

The undersigned hereby certifies that, on _____, 20____, a copy of the foregoing (***Defendant*** _____ ***'s or Plaintiff*** _____ ***'s***) **Motion To Dismiss Case Against Less Than All Parties** was deposited in the United States mail, postage paid, addressed to (*indicate all name(s) and address(es) where motion was served*).